

**\*NOTE:** Each rental unit must complete a form.

*Please print duplicates*

All TENANTS 18 years of age

and OLDER must attach a copy of  
their **2012** Federal Income Taxes.

## Community Development Block Grant

**CITY OF SHEBOYGAN**

**DEPARTMENT OF CITY DEVELOPMENT**

**828 CENTER AVENUE, Suite 104**

**SHEBOYGAN, WI 53081**

[Development@ci.sheboygan.wi.us](mailto:Development@ci.sheboygan.wi.us)

(920) 459-3377

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### APPLICATION FOR TENANT

**TENANT'S NAME:** \_\_\_\_\_

**SOCIAL SECURITY NO.:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**SPOUSE'S NAME (if married) OR OTHER's:** \_\_\_\_\_

**SPOUSE'S/OTHER'S SOCIAL SECURITY NO.:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS OF PROPERTY:** \_\_\_\_\_

**NUMBER OF YEARS AT THIS PROPERTY:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **BUSINESS PHONE:** \_\_\_\_\_

**HUSBAND/HEAD OF HOUSEHOLD CELL PHONE:** \_\_\_\_\_

**SPOUSE / OTHER'S CELL PHONE:** \_\_\_\_\_

**CURRENT E-MAIL ADDRESS:** \_\_\_\_\_

**DO YOU HAVE ANY PETS?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

If "yes" HOW MANY? \_\_\_\_\_

WHAT KIND(S)?

VACINATED FOR KENNELS?

_____	YES	_____	NO	_____
_____	YES	_____	NO	_____
_____	YES	_____	NO	_____

**NOTE: Pets must be vaccinated for a kennel otherwise it is the owner/landlord's responsibility for the costs.**

**Renters should make every effort to find a home for their pets during tenant relocation.**

